



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D3264-1**  
**Job Sheet 182194**



Part No: D3264-1

Job Qty: 10 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 8/20/18

Job Tracking No:

Due Date: 8/31/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV A IPP A 04.09.02 New issue KJ/JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off                  |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|---------------------------|
|       |                        |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                           |
| 90    | Start up Operation     | 10 Ea  | 8/31/18    | 8/31/18  | 0.00      | 0.00    | Start Up Machining-2  |           | <i>mark</i>               |
| 100   | Bandsaw                | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 1.42    | Bandsaw1              |           | <i>11</i>                 |
| 110   | CNC Vertical Machining | 10 pcs | 8/31/18    | 8/31/18  | 0.26      | 11.11   | HAAS1-3               |           | <i>11</i>                 |
| 120   | QC                     | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC2 Machining-2       |           | <i>11</i>                 |
| 130   | QC                     | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC8 Machining-2       |           | <i>J.C. - 1. 18-09-25</i> |
| 140   | HandFinish             | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.47    | HandFinish1           |           | <i>DR 18/09/25</i>        |
| 150   | Powdercoat             | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.43    | Powdercoat1           |           | <i>DR 18/09/25</i>        |
| 160   | QC                     | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC3                   |           | <i>21 38</i>              |
| 170   | Packaging              | 10 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | Packaging3-1          |           | <i>21 9-89</i>            |
| 180   | QC21-SA                | 10 Ea  | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC21                  |           | <i>21 9-89</i>            |

Part Op 100 - CUT BLANK 5.700" LONG

Descriptions: 110 - MACHINE AS PER FOILIO FA447 DWG REV: \_\_\_\_\_

*M 83983 START: 11:50 OUT: 3:20 FINISH 12:20*

### Job BOM

| Part / Item         | Component Name          | Quantity     | Operation             | Container                  |
|---------------------|-------------------------|--------------|-----------------------|----------------------------|
| M6061T6B1.250X4.500 | 6061-T6 Bar 1.25 X 4.50 | 5 ft (.5 ea) | 90-Start up Operation | <i>5092913</i> <i>4.78</i> |

### Job Allocations

| Operation             | Component Part      | Required | Inventory | Allocated |
|-----------------------|---------------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6B1.250X4.500 | 5        | 11        | 0         |

### Part Specifications

Specifications could not be found.



|                              |               |                     |         |
|------------------------------|---------------|---------------------|---------|
| <b>DART AEROSPACE LTD</b>    |               | <b>Work Order:</b>  | 182194  |
| <b>Description:</b> Bracket  |               | <b>Part Number:</b> | D3264-1 |
| <b>Inspection Dwg:</b> D3264 | <b>Rev:</b> A | <b>Page 1 of 1</b>  |         |

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| 0.687             | +/-0.010      | 0.688            | ✓      |        | vern                 | mm L-05  |
| 0.063             | +/-0.010      | 0.062            | ✓      |        |                      |          |
| 0.125             | +/-0.010      | 0.123            | ✓      |        |                      |          |
| 0.875             | +0.010/-0.020 | 0.874            | ✓      |        |                      |          |
| 0.062             | +/-0.010      | 0.060            | ✓      |        |                      |          |
| R0.03             | +/-0.030      | 0.030            | ✓      |        | RG                   |          |
| R0.13             | +/-0.030      | 0.130            | ✓      |        | "                    |          |
| 1.00              | +/-0.030      | 1.003            | ✓      |        | vern                 | mm L-05  |
| 0.125             | +/-0.010      | 0.130            | ✓      |        | "                    |          |
|                   |               |                  |        |        |                      |          |
| 0.600             | +/-0.010      | 0.597            | ✓      |        | vern                 | mm L-05  |
| 4.000             | +/-0.005      | 3.998            | ✓      |        |                      |          |
| 0.750             | +/-0.010      | 0.749            | ✓      |        |                      |          |
| Ø0.194            | +0.005/-0.000 | 0.195            | ✓      |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
| 5.50              | +/-0.030      | 5.506            | ✓      |        | vern                 | mm L-05  |
| 0.125             | +/-0.010      | 0.130            | ✓      |        | "                    |          |
| 0.063             | +/-0.010      | 0.066            | ✓      |        | "                    |          |
| R0.25             | +/-0.030      | 0.25             | ✓      |        | RG                   |          |
| 4.27              | +/-0.030      | 4.270            | ✓      |        | vern                 | mm L-05  |
| R0.30             | +/-0.030      | 0.300            | ✓      |        | RG                   |          |
|                   |               |                  |        |        |                      |          |

|                     |          |                    |          |                            |     |
|---------------------|----------|--------------------|----------|----------------------------|-----|
| <b>Measured by:</b> | mark     | <b>Audited by:</b> | J.C.L.   | <b>Prototype Approval:</b> | N/A |
| <b>Date:</b>        | 18/09/14 | <b>Date:</b>       | 18-09-25 | <b>Date:</b>               | N/A |

| Rev | Date     | Change                                | Revised by | Approved |
|-----|----------|---------------------------------------|------------|----------|
| A   | 04.09.03 | New Issue                             | KJ/JLM     |          |
| B   | 05.04.26 | Ø0.194 was Ø0.208; dimensions removed | KJ/JLM     |          |
| C   | 07.10.10 | Tolerance for 0.875 revised           | KJ/EC/DD   |          |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                              |                       |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |                                 |                          |          |                          |                 |                          |       |                          |              |                          |                    |                          |                  |                          |          |                          |        |                          |                  |                          |         |                          |            |                          |               |                          |     |                          |                     |                          |                    |                          |                                 |                          |            |                          |                     |                          |               |                          |             |                          |                  |                          |                       |                          |               |  |  |  |               |                          |          |                          |
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|                                              | MRB (QSI042) Approval |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <div style="position: relative; width: 100%; height: 100%;"> <p style="position: absolute; top: 10%; left: 10%;"> <b>DART</b><br/>AEROSPACE<br/>Container No: S110353<br/>Part: D3264-1<br/>Job No: 182194<br/>Serial No/Batch: S110353<br/>Revision: _____<br/>Inspector: _____<br/>Exp Date: _____<br/>Instructions: Various STC's<br/>Date: 09/14/18           </p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Lead hand / Supervisor Approval Verification |                       |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| QC / QA Coordinator Approval                 |                       |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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|               |  |  |  |               |                          |          |                          |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> <th colspan="4" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Environment</td><td><input type="checkbox"/></td> <td>No Re-verification</td><td><input type="checkbox"/></td> <td>Pressure/Force</td><td><input type="checkbox"/></td> <td>Temperature/Cure</td><td><input type="checkbox"/></td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td>Operator</td><td><input type="checkbox"/></td> <td>Bending</td><td><input type="checkbox"/></td> <td>Setup</td><td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td>Offset/Setup</td><td><input type="checkbox"/></td> <td>Centre Not Concentric</td><td><input type="checkbox"/></td> <td>SOM/Plasma</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td>Supplier</td><td><input type="checkbox"/></td> <td>Cracks</td><td><input type="checkbox"/></td> <td>Broken/Damage/Defect</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td>Training</td><td><input type="checkbox"/></td> <td>Jump/Kink/Ripple/Wave</td><td><input type="checkbox"/></td> <td>Reaction Incomplete/Unqualified</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td>Use for Testing</td><td><input type="checkbox"/></td> <td>Culls</td><td><input type="checkbox"/></td> <td>Contact/Seal</td><td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td>Poor Information</td><td><input type="checkbox"/></td> <td>Crushing</td><td><input type="checkbox"/></td> <td>Cracks</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td>Rushing</td><td><input type="checkbox"/></td> <td>Heat Treat</td><td><input type="checkbox"/></td> <td>Cut Too Short</td><td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td>Product Improvement</td><td><input type="checkbox"/></td> <td>Wave/Twist in Tube</td><td><input type="checkbox"/></td> <td>Instructions Incomplete/Unclear</td><td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td>Process Improvement</td><td><input type="checkbox"/></td> <td>Marks/Chatter</td><td><input type="checkbox"/></td> <td>Drill Holes</td><td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td>Manufacturing Process</td><td><input type="checkbox"/></td> <td colspan="4" rowspan="2" style="text-align: center;">OTHER : _____</td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td>Past Due</td><td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                       |                          | Root Cause                      |                          |  |  | FAULT CATEGORY |  |  |  | Environment | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Pressure/Force | <input type="checkbox"/> | Temperature/Cure | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Setup | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Centre Not Concentric | <input type="checkbox"/> | SOM/Plasma | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Jump/Kink/Ripple/Wave | <input type="checkbox"/> | Reaction Incomplete/Unqualified | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Culls | <input type="checkbox"/> | Contact/Seal | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER : _____ |  |  |  | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|                                              | FAULT CATEGORY        |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/>                     | Pressure/Force        | <input type="checkbox"/> | Temperature/Cure                | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                          | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                     | Bending               | <input type="checkbox"/> | Setup                           | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                          | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                     | Centre Not Concentric | <input type="checkbox"/> | SOM/Plasma                      | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                          | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                     | Cracks                | <input type="checkbox"/> | Broken/Damage/Defect            | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                          | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                     | Jump/Kink/Ripple/Wave | <input type="checkbox"/> | Reaction Incomplete/Unqualified | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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|               |  |  |  |               |                          |          |                          |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                          | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                     | Culls                 | <input type="checkbox"/> | Contact/Seal                    | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                          | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                     | Crushing              | <input type="checkbox"/> | Cracks                          | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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|               |  |  |  |               |                          |          |                          |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                          | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                     | Heat Treat            | <input type="checkbox"/> | Cut Too Short                   | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                          | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                     | Wave/Twist in Tube    | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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|               |  |  |  |               |                          |          |                          |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                          | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                     | Marks/Chatter         | <input type="checkbox"/> | Drill Holes                     | <input type="checkbox"/> |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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|               |  |  |  |               |                          |          |                          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                          | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                     | OTHER : _____         |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                          | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                     |                       |                          |                                 |                          |  |  |                |  |  |  |             |                          |                    |                          |                |                          |                  |                          |        |                          |          |                          |         |                          |       |                          |          |                          |              |                          |                       |                          |            |                          |               |                          |          |                          |        |                          |                      |                          |              |                          |          |                          |                       |                          |               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